



# Congressman Ross Spano

Florida's 15<sup>th</sup> Congressional District

## Privacy Authorization Form

Please fill out the form and return it to the District Office at the address below or Fax it to (863)603-0749:

**Congressman Ross Spano**  
**124 S. Florida Avenue, Suite 304**  
**Lakeland, FL 33801**

Please Print:

Name: (Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Identification # \_\_\_\_\_

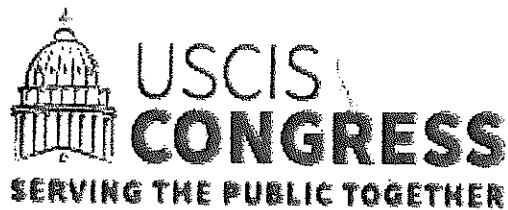
**In accordance with the Privacy Act of 1974 (5 U.S.C. § 552a), I give Congressman Ross Spano and his Staff, written authorization to contact Agencies on my behalf in order to obtain confidential information that would otherwise not be permitted to a third party without written consent of the individual involved.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Check if you are interested in receiving periodic email updates from Congressman Ross Spano

**PLEASE EXPLAIN WHAT YOU ARE SEEKING ASSISTANCE WITH ON THE FOLLOWING PAGE**

Questions or assistance needed? Please contact the District Office at 863-644-8215



## Privacy Release

Member of Congress: Ross Spano

**Petitioner/Applicant:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**Beneficiary:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

USCIS receipt number or tracking number (no Social Security numbers): \_\_\_\_\_

Date of filing: \_\_\_\_\_

Place of filing: \_\_\_\_\_

**Form type(s) – check all that apply:**

- ☐ G-639 ☐ I-90 ☐ I-129 ☐ I-129F ☐ I-130 ☐ I-131 ☐ I-140 ☐ I-212 ☐ I-290B ☐ I-360  
☐ I-485 ☐ I-526 ☐ I-539 ☐ I-589 ☐ I-590 ☐ I-600A ☐ I-600 ☐ I-601 ☐ I-612 ☐ I-690  
☐ I-730 ☐ I-751 ☐ I-765 ☐ I-821 ☐ I-824 ☐ I-829 ☐ I-914 (Supplement A, B, or C)  
☐ I-918 ☐ I-924 ☐ I-929 ☐ N-400 ☐ N-600 ☐ N-565 ☐ N-644 ☐ Other: \_\_\_\_\_

**Brief description of the issue (if you need more space, attach a separate sheet):**

Staff Member (print): \_\_\_\_\_ Phone: 863-644-8215

Email: \_\_\_\_\_

**Section below to be completed by the person who is the subject of the records:**

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

I, (print your name) \_\_\_\_\_, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Senator/Representative \_\_\_\_\_ and the Member's staff.

Signature (sign in ink): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_